

BREASTFEEDING IN CHINA: IMPROVING PRACTICES TO IMPROVE CHINA'S FUTURE

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KEY FACTS

- Breastfeeding benefits children:
Lowers infectious morbidity and mortality, reduces dental malocclusions, and leads to higher intelligence and increased bonding.^{1,2,3}
- Breastfeeding benefits mothers:
Can prevent breast cancer, improve birth spacing and might reduce risk of diabetes, overweight and ovarian cancer.⁴
- Breastfeeding benefits the nation:
Can boost economic development of a nation through enhanced cognitive capital and alleviate burden and cost of diseases originating in childhood.^{5,6}

ISSUE

The Rates of Breastfeeding in China are Low and Declining

In 2013, China's national exclusive breastfeeding rate for children under six months of age was 20.8%, declining from 27.6% in 2008, thus denying breastfeeding's full benefits to 4 out of 5 children in China.^{7,8} More than 15 million children in China were estimated to be disadvantaged and thus more likely to not be able to fulfil their full potential due to nutritional deprivations and other related reasons.⁹

Data of Breastfeeding Rates Must Be Comparable

In China, international standards for surveys may sometimes not be utilised, thus enabling the reporting of incomparable data. Standardized questionnaires on breastfeeding must be used to attain comparable results.

Mothers Lack Accurate Information and Sufficient Support for Breastfeeding

A survey conducted in Zhao County of Hebei Province showed that misinformation from relatives and friends, inaccurate advice from health workers and lack of knowledge are the main reasons for not exclusively breastfeeding in rural China.¹⁰ Social norms also prevent breastfeeding.^{11,12}

China's near universal hospital delivery rate provides an opportunity for new mothers to receive correct information on breastfeeding at the hospital. Training health workers, providing breastfeeding knowledge in prenatal checks, giving breastfeeding counselling and enabling social mobilization are areas that are still developing in China. Working mothers may not receive the full maternity leave to which they are entitled, and this also impacts China's exclusive breastfeeding rate for children under six months of age.

Marketing of Breast-milk Substitutes (BMS) and Caesarean Sections Adversely Impact China's Exclusive Breastfeeding Rate

China has the largest market in the world for BMS, valued at \$17,783 million in 2014.¹³ In 1995, China enacted legislation regarding the International Code of Marketing Breast-milk Substitutes, titled "Administration Legislation for Breast-milk Substitutes". However, this legislation has not been updated in recent years to reflect new marketing tactics employed by BMS producers, and the legislation's implementation and enforcement are weak or non-existent throughout the country.¹⁴ In one study in China, 40.2% of mothers surveyed received free formula samples, and of these, the vast majority (76.1%) received free samples in or near hospitals.¹⁵ Also, 69.0% of the labels for those formula products did not comply with the Code's regulations.¹⁶ Violation of the Code is severe in emergencies, and can directly affect child survival.

Caesarean sections can add challenges to begin breastfeeding when appropriate lactation support is not available.¹⁷ China has a high rate of caesarean sections, 46.2% from 2007 to 2008, more than double the WHO's recommendation of 10-15%.¹⁸ Many (11.7%) of the caesarean sections were done without indication. UNICEF promotes natural delivery where possible, and trains doctors and midwives on the risks of caesarean sections not performed on indication.

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Adapted to address the nutritional needs of the infant, breastmilk is perfectly personalized medicine. It benefits women and children in high- and low-income countries alike. Increased breastfeeding rates in low- and middle-income countries could prevent about half of all diarrhea cases and one-third of all respiratory infections. UNICEF works with mothers and infants as well as various stakeholders and influencers to increase the exclusive breastfeeding rate in China and improve health outcomes for growing children and nursing mothers through:

Advocacy and Communication

UNICEF actively promotes breastfeeding, especially through our involvement in the annual World Breastfeeding Week from August 1st to 7th.¹⁹ Information about the positive impact of breastfeeding on infant health is shared through events and the media. UNICEF also works with international experts to share knowledge domestically and promote international best practices. In 2016, the Lancet Breastfeeding Series and Early Childhood Development Series were launched in Beijing and articles were translated into Mandarin supporting evidence-informed breastfeeding promotion and multi-sectoral interventions focused on early childhood development.²⁰ In collaboration with Alive and Thrive, UNICEF is conducting studies in order to make explicit the economic disadvantages of non-breastfeeding.



Baby-Friendly Hospital Initiative (BFHI)

Since 1991 through a collaboration between UNICEF, WHO and the National Health and Family Planning Commission (formerly Ministry of Health), the BFHI has certified medical institutions that target maternal and child health promotion, including breastfeeding promotion through lactation support from health workers. In 2015, all 31 provinces in China had at least one baby-friendly hospital, with 7,036 re-certified as baby-friendly.²¹ The professional and standardized maternal and child services offered in certified baby-friendly hospitals result in a higher rate of breastfeeding and fewer caesarian section cases in these hospitals. In 2015, 92 per cent of infants born in China's baby-friendly hospitals were exclusively breastfed during their hospital stay. In 2016, the China BFHI case study was selected to be presented at the global BFHI Summit in Geneva.

The International Code of Marketing Breast-milk Substitutes in China

UNICEF China has prepared a report titled "China's Mapping of the Implementation of the International Code on the Marketing of Breast-milk Substitutes." This report reviews The Code's implementation and existing monitoring mechanisms and processes in China; analyses gaps and barriers which hinder monitoring activities; maps the responsibilities of relevant government sectors on the Code; charts nongovernmental organizations that could play a role in Code implementation monitoring; and maps relevant professional associations which support the implementation of the Code. Also, UNICEF has helped develop a set of guidelines on infant and young child feeding in emergencies, which highlights pre-conditions for using BMS during emergencies.

10m² of Love

The "10m² of Love" campaign promotes breastfeeding as the social norm, whether at home, at work or in public places. Standards for breastfeeding rooms were adapted from the International Labour Organization's guidelines.²² UNICEF created a tracking website and a mobile phone application (App) to enable easy access to and facilitate use of these rooms. The registered and approved "10m² of Love" rooms are shown on a map in the App to enable breastfeeding mothers to find a breastfeeding room easily. Volunteers and accurate scientific resources available through the website and the App provide guidance on all aspects of breastfeeding, including preparation to breastfeed, early initiation of breastfeeding and mitigation of breastfeeding problems. From June 2013 until December 2016, a total of 1,670 rooms were verified and certified. Of those, 360 rooms were in workplaces and 1,310 rooms were in public places. UNICEF's work and follow up with NHFPC includes promotion of breastfeeding through 10 ministries and other governmental agencies.

Breastfeeding and Non-Communicable Disease Prevention

Studies have shown a positive association of breastfeeding with lower rates of obesity and diabetes.^{23,24} UNICEF advocates for China's inclusion of breastfeeding into the Noncommunicable Disease Prevention and Control Strategy using evidence from birth cohort studies.

IMPACT

UNICEF works with dedication to increase the breastfeeding rate in China so that every child has the opportunity to develop to their full potential and lead a healthy and fulfilling future. UNICEF is committed to supporting China in improving rates of breastfeeding across the country. UNICEF will work with China to meet the country's nutrition target to increase the exclusive breastfeeding rate for children under six months of age to 50% by 2020, as stated in the "China's Children Development Plan".²⁵ Research has predicted that with such an increase in the exclusive breastfeeding rate, a reduction in mortality of 5% (from 10.7 per 1000 to 10.17 per 1000) among children under 5 years of age and 19,323 (11 266–22 530) fewer deaths will be experienced in China.²⁶



¹ Cesar G Victora et al., "Breastfeeding in the 21st Century: Epidemiology, Mechanisms, and Lifelong Effect," *The Lancet* 387, no. 10017 (January 30, 2016): 475–90, doi:10.1016/S0140-6736(15)01024-7.

² Pia R Britto et al., "Nurturing Care: Promoting Early Childhood Development," *The Lancet* 389, no. 10064 (January 7, 2017): 91–102, doi:10.1016/S0140-6736(16)31390-3.

³ Bernardo L Horta, Christian Loret de Mola, and Cesar G Victora, "Breastfeeding and Intelligence: A Systematic Review and Meta-Analysis," *Acta Paediatrica* 104 (December 1, 2015): 14–19, doi:10.1111/apa.13139.

⁴ Cesar G Victora et al., "Breastfeeding in the 21st Century: Epidemiology, Mechanisms, and Lifelong Effect," *The Lancet* 387, no. 10017 (January 30, 2016): 475–90, doi:10.1016/S0140-6736(15)01024-7.

⁵ Nigel C Rollins et al., "Why Invest, and What It Will Take to Improve Breastfeeding Practices?," *The Lancet* 387, no. 10017 (January 30, 2016): 491–504, doi:10.1016/S0140-6736(15)01044-2.

⁶ Douglas Noble et al., "Cognitive capital for children in Asia and Pacific," *BMJ Global Health* 1, Supplement 2 (2016): e000189. doi:10.1136/bmjgh-2016-000189

⁷ Zhenyu Yang et al., "Breastfeeding Rates in China: A Cross-Sectional Survey and Estimate of Benefits of Improvement," *The Lancet, The Lancet-CAMS Health Summit, 2016*, 388, Supplement 1 (October 2016): S47, doi:10.1016/S0140-6736(16)31974-2.

⁸ UNICEF, "Infant and Young Child Feeding," accessed on April 2017, <https://data.unicef.org/topic/nutrition/infant-and-young-child-feeding/>

⁹ Sally Grantham-McGregor et al., "Developmental Potential in the First 5 Years for Children in Developing Countries," *Lancet Infectious Diseases* 369 (January 6, 2007): 60–70.

¹⁰ Qiong Wu et al., "Poor Infant and Young Child Feeding Practices and Sources of Caregivers' Feeding Knowledge in Rural Hebei Province, China: Findings from a Cross-Sectional Survey," *BMJ*, (2014), doi: 10.1136/bmjopen-2014-005108.

¹¹ Ke Zhang et al., "Why Do Mothers of Young Infants Choose to Formula Feed in China? Perceptions of Mothers and Hospital Staff," *International Journal of Environmental Research and Public Health* 12, no. 5 (2015): 4520–32.

¹² Shen Lu and Katie Hunt, "Breastfeeding Mom Sparks Online Uproar in China," *CNN*, accessed February 22, 2017, <http://edition.cnn.com/2015/12/01/asia/china-beijing-subway-breastfeeding/>.

¹³ Nigel C Rollins et al., "Why Invest, and What It Will Take to Improve Breastfeeding Practices?," *The Lancet* 387, no. 10017 (January 30, 2016): 491–504, doi:10.1016/S0140-6736(15)01044-2.

¹⁴ WHO, UNICEF, and IBFAN. "Marketing of Breast-milk Substitutes: National Implementation of the International Code," Status Report 2016. World Health Organization, (2016).

¹⁵ Aihua Liu et al., "Implementation of International Code of Marketing Breast-Milk Substitutes in China," *Breastfeeding Medicine: The Official Journal of the Academy of Breastfeeding Medicine* 9, no. 9 (November 2014): 467–72, doi:10.1089/bfm.2014.0053.

¹⁶ Aihua Liu et al., "Implementation of International Code of Marketing Breast-Milk Substitutes in China," *Breastfeeding Medicine: The Official Journal of the Academy of Breastfeeding Medicine* 9, no. 9 (November 2014): 467–72, doi:10.1089/bfm.2014.0053.

¹⁷ Amy J. Hobbs et al., "The Impact of Caesarean Section on Breastfeeding Initiation, Duration and Difficulties in the First Four Months Postpartum," *BMC Pregnancy and Childbirth* 16 (2016): 90, doi:10.1186/s12884-016-0876-1.

¹⁸ Pisake Lumbiganon et al., "Method of Delivery and Pregnancy Outcomes in Asia: the WHO Global Survey on Maternal and Perinatal Health 2007–08," *The Lancet* 375.9713 (2010): 490–499.

¹⁹ NHFPC, UNICEF, and NCWCH. Irreplaceable Breastfeeding: World Breastfeeding Week in China, 2016.

²⁰ "Breastfeeding," *The Lancet*, accessed on January 29, 2017, <http://www.thelancet.com/series/breastfeeding> and "Advancing Early Childhood Development: from Science to Scale," *The Lancet*, accessed on April 22, 2017, <http://www.thelancet.com/series/ECD2016>.

²¹ UNICEF, "Baby Friendly Hospital Initiative: The Road to Universal Baby-Friendly Hospitals in China" UNICEF (2017)

²² International Labour Organization, "Maternity Protection Resource Package From Aspiration to Reality for All: Part One Maternity Protection at Work: What Is It?" International Labour Organization (2012).

²³ Cesar G Victora et al., "Breastfeeding in the 21st Century: Epidemiology, Mechanisms, and Lifelong Effect," *The Lancet* 387, no. 10017 (January 30, 2016): 475–90, doi:10.1016/S0140-6736(15)01024-7.

²⁴ Julie Armstrong and John J Reilly, "Breastfeeding and Lowering the Risk of Childhood Obesity," *The Lancet* 359, no. 9322 (June 8, 2002): 2003–4, doi:10.1016/S0140-6736(02)08837-2.

²⁵ WHO/UNICEF, "Global Nutrition Targets 2025: Breastfeeding Policy Brief (WHO/NMH/NHD/14.7)" World Health Organization (2014) http://apps.who.int/iris/bitstream/10665/149022/1/WHO_NMH_NHD_14.7_eng.pdf?ua=1.

²⁶ Zhenyu Yang et al., "Breastfeeding Rates in China: A Cross-Sectional Survey and Estimate of Benefits of Improvement," *The Lancet, The Lancet-CAMS Health Summit, 2016*, 388, Supplement 1 (October 2016): S47, doi:10.1016/S0140-6736(16)31974-2.



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